

SAN ANSELMO POLICE DEPARTMENT

525 SAN ANSELMO AV, SAN ANSELMO, CA 94960 (415) 258-4610

REPORT REQUEST

Date of Application: _____

Name of Applicant / Agency: _____

Address: _____ Telephone: _____

Type of Report: Traffic Collision

Crime

Other (Specify) _____

Case/Incident Number: _____ Date/Time of Occurrence: _____

Location of Incident: _____

Name of Person Involved: _____

Reason for Request: _____

PARTY OF INTEREST (PLEASE CHECK ONE)

PERSON INVOLVED: Driver, Passenger, Pedestrian, or Victim

PROPERTY OWNER

AUTHORIZED INDIVIDUAL (Signed Authorization is Required)

PARENT/GUARDIAN OF JUVENILE PARTY

REPRESENTATIVE OF INSURANCE COMPANY OR INSURANCE ADJUSTING AGENCY

OTHER PARTY OF INTEREST (SPECIFY): _____

CERTIFICATION

I declare under penalty of perjury that:

I am I represent I am an attorney representing
the party of interest identified in the report recorded heron.

SIGNATURE: _____

RECORDS DIVISION USE ONLY (BELOW THIS LINE)

FEE: \$10.00 / WAIVED

RELEASE AUTHORIZED BY: _____ DATE AUTHORIZED: _____

RECORD RELEASED BY: _____ DATE OF RELEASE: _____

IDENTIFICATION REQUESTED YES NO DL NUMBER: _____

APPLICANT NOTIFIED: _____